

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044153

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

C002

Registrar's No.

5897

STATE FILE NUMBER

FILED NOV 21 1963

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Kansas City

Length of stay in 1b

42 YRS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION General Hospital Med. Ct.

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI COUNTY JACKSON

c. CITY OR TOWN KANSAS CITY

Inside Limits

Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1010-E-12

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Frank

Middle

Last

MOSS

4. DATE OF DEATH

Month

Day

Year

October 28, 1963

5. SEX

M

6. COLOR OR RACE

NEGRO

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1-1-1906

9. AGE (last birthday)

57

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SHOE SHINER

10b. KIND OF BUSINESS OR INDUSTRY

SHOE SHOPS

11. BIRTHPLACE (City and state or country)

TELRARKANA, TEXAS

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

ELLIS MOSS

13b. MOTHER'S MAIDEN NAME

ADA WALKER

14. NAME OF HUSBAND OR WIFE

DONT KNOW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

POSSIE MOSS, K.C., Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Dehydration and malnutrition

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

10-28-63

6:13 P

to

10-28-63

and last saw her alive on

10-28-63

Death occurred on

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

2400 Cherry

22c. DATE SIGNED

10-29-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

ANATOMICAL

23b. DATE

10-29-63

23c. NAME OF CEMETERY OR CREMATORY

U.M.A.T. K.C.

23d. LOCATION (City, town, or county)

KANSAS CITY, MO.

(State)

24. FUNERAL DIRECTOR

A.M. HUDSON, KANSAS CITY, MO.

ADDRESS

10-30-63

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Frank Ellis

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.